

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-535)**

SERIAL NO. 10-069,320  
FILED  
APPLICANT'S

		CLAIMS							
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1									
2									
3									
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48									
49									
50									
TOTAL IND.	3								
TOTAL DEP.	40								
TOTAL CLAIMS	43								

PTO-535 (2-78)

ONLY TO BE USED FOR ADDITIONAL CLAIMS ON AMENDMENTS